

ARKANSAS DIVISION OF MEDICAL SERVICES  
MEDICAL SERVICES SECTION

Revised: March 1, 2005

The Medical Services Section is comprised of seven units, which includes: **Program Planning and Development**, Program Communications, Visual Care, Child Health Services (EPSDT), Dental Care, Utilization Review and Field Audit. The primary functions of the individual units within this section are as follows:

The Program Planning and Development Unit is responsible for coordinating all program development activities. The staff of this unit draw upon the resources of other units, agencies and outside entities in evaluating and implementing modifications of the Medicaid Program. The primary functions of this unit are as follows:

- Coordinate development of revisions in scope of Medicaid Program
- Represent Medicaid at periodic meetings with provider associations, legislature and advisory groups
- Evaluate impact of Federal regulatory requirements on Medicaid Program
- Revise procedures and documentation due to policy or program changes
- Prepare provider manual updates
- Comply with State APA procedures
- Coordinate provider, recipient and staff notifications necessitated by policy changes
- Amend Title XIX State Plan (Medicaid)

Program Communications Unit

The Program Communications Unit receives and responds to all written and telephone inquiries from recipients, as well as out-of-state providers concerning the Arkansas Medicaid Program. Claims research and coordination of service between Medicaid and other State agencies are also accomplished within this unit. This unit also maintains recipient correspondence.

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MEDICAL SERVICES SECTION

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Visual Care Unit

The Visual Care Unit is responsible for prior authorization of visual care claims, visual peer review and overall coordination of the visual program.

Child Health Services (EPSDT) Unit

The Child Health Services (EPSDT) Unit verifies that the State is providing federally mandated early and periodic screenings for Medicaid recipients under age 21. Coordination of services, through local county offices within the State, active recruitment of additional EPSDT Medicaid providers.

Dental Care Unit

The Dental Care Unit is responsible for prior authorization of dental procedures, dental peer review, and overall coordination of the dental program.

Utilization Review Unit

The Utilization Review Unit provides a federally mandated function. The primary function is to ensure the integrity of both state and federal dollars through the review and analysis of Medicaid providers' utilization patterns. The primary functions within the Utilization Review Unit are as follows: (1) Administration, (2) Post-Payment Review, (3) SURS, (4) Suspended Claims, (5) Prior Authorization **and (6) Contract Monitoring of Quality Improvement Organizations (QIOs), e.g. Arkansas Foundation for Medical Care, APS Health care, and First Health of Arkansas.**

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

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ARKANSAS DIVISION OF MEDICAL SERVICES  
MEDICAL SERVICES SECTION

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Field Audit Unit

The Field Audit Unit is responsible for performing on-site/in-house audits of Medicaid providers to insure compliance with federal and state regulations and policy. Staff of the Field Audit Unit also monitors and conducts surveys of Non-Emergency Medical Transportation Brokers. The goal of the Unit is to verify the nature and extent of services paid for by the Medicaid program, while insuring quality medical care for recipients and protecting the integrity of both state and federal funds.

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ARKANSAS DIVISION OF MEDICAL SERVICES  
ADMINISTRATIVE SUPPORT SECTION

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The Administrative Support Section is comprised of seven units, which includes: Financial Activities, Budgets, Reimbursement/Rate Setting, Third Party Liability, Personnel, Reports and Analysis, MMIS and Contract Monitoring. The primary functions of the individual units within this section are as follows:

Financial Activities Unit

The Financial Activities Unit provides technical and management support in the areas of budget and cost evaluation. The primary functions of this unit are as follows:

- **Supervision of accounts payable and accounts receivable**
- Budget management
- Federal, state and internal reporting
- Federal Regulations: review - analysis - recommendations
- State Assessment: coordination - review - response
- Contract coordination and monitoring
- Medicare Buy-In Administration

Budget Unit

- Budget preparation
- Budget monitoring
- Cost evaluation
- Internal auditing

95-08

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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ARKANSAS DIVISION OF MEDICAL SERVICES  
ADMINISTRATIVE SUPPORT SECTION

Revised: March 1, 2005

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Reimbursement/Rate Setting Unit

The Reimbursement/Rate Setting Unit is responsible for implementation of reimbursement rates for all types of participating providers, making changes, updates, additions, deletions to the pricing file, reviewing reimbursement rates and serves as liaison with providers relating to reimbursement.

Third Party Liability Unit

The Third Party Liability Unit actively pursues other sources of health care payment, including health and liability insurance, court settlements and absent parents, to reduce Medicaid payments and to recoup funds expended by the Program for which other sources are liable. Both federal and state statutes require Medicaid agencies to pursue TPL.

Personnel Unit

The Personnel Unit provides technical and management support in the areas of hiring, **termination**, grievance, personnel evaluation and training.

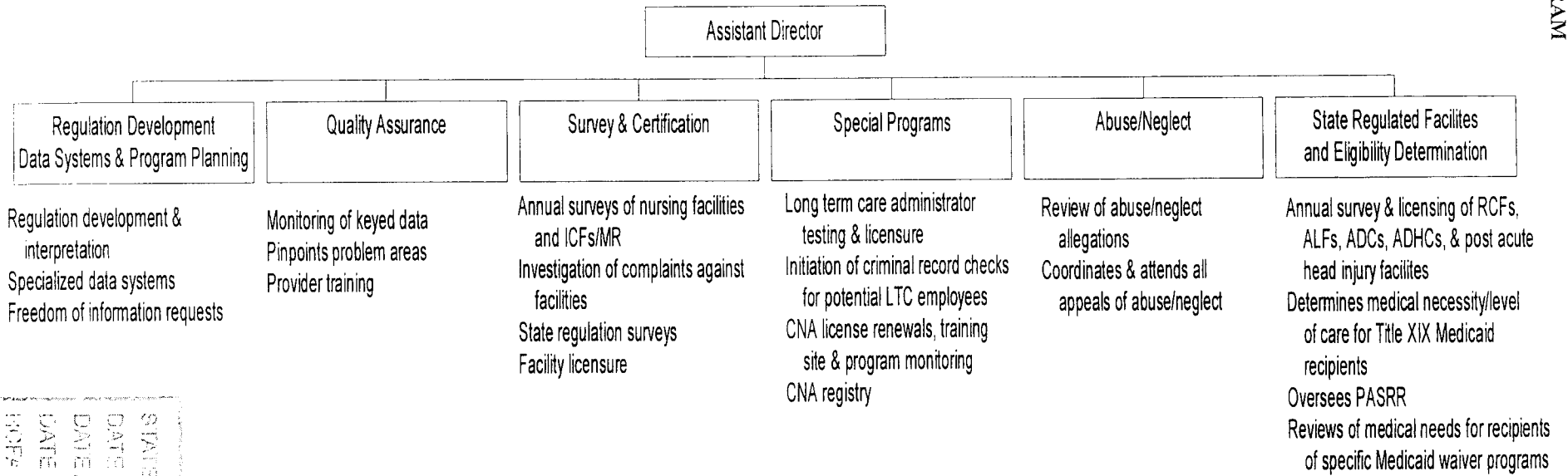
Reports and Analysis Unit

- Special report development
- Survey responses
- Data collection and dissemination

95-08

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# Office of Long Term Care



STATE Arkansas  
 DATE REC'D 3-8-05  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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DIVISION OF MEDICAL SERVICES  
LONG TERM CARE SECTION  
ASSISTANT DIRECTOR

Revised: March 1, 2005

The Assistant Director, Long Term Care Section, serves as State Licensure Director and Medicaid/Medicare Health Facility Surveyor Director for long term care services. The Assistant Director is responsible for the management and administration of the Long Term Care Program for nursing facilities (NF), intermediate care facilities for the mentally retarded (ICF/MR) and LTC Waiver services in conformity with CMS Medicaid Bureau. As Health Facility Certification Director, the Assistant Director is also responsible for federal survey and certification activities related to Medicare Skilled Nursing Facility (SNF), NFs, and ICF/MR facilities in conformity with federal regulations and guidelines of the CMS Health Standards and Quality Bureau. As State Licensure Director, the Assistant Director has responsibility for licensing residential care, adult day care, adult day health care, assisted living and post acute head injury facilities in accordance with Arkansas statutes. The primary functions performed by the Assistant Director's Office as they relate to the Medicaid LTC Program are as follows:

- Directs the development of program goals and objectives, applicable to Long Term Care Medicaid Services to aged and/or disabled recipients in Arkansas Medicaid certified facilities and waived services.
- Assists with the preparation of federal and state budget requests for LTC processes.
- Oversees the selection, training and work performance of Long Term Care personnel.
- Oversees the development and monitoring of Medicaid contracts and agreements for long term care necessary to meet federal and state program requirements.
- Serves as liaison to various federal and state committees, groups and organizations.

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ARKANSAS DIVISION OF MEDICAL SERVICES  
LONG TERM CARE SECTION  
MEDICAID PROGRAM

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The Long Term Care Section is responsible for the inspection of long term care facilities in the State of Arkansas. These include both federal surveys for Medicare or Medicaid nursing facilities and Intermediate Care Facilities for the Mentally Retarded (ICFs/MR), as well as state regulatory surveys of residential care and assisted living facilities, adult day care and adult day health facilities, and post-acute head injury facilities.

Units and functions within Long Term Care are:

Regulation Development, Data Systems & Program Planning

- Develops and interprets regulations
- Analyzes, develops and provides training in specialized data systems such as ASPEN and ACTS
- Processes freedom of information requests
- Manages the MDS computerization system statewide

Quality Assurance

- Monitors accuracy/timeliness of keyed data
- Provides feedback on problem areas
- Coordinates provider training

Survey & Certification

- Coordinates/schedules annual surveys of nursing facilities and ICFs/MR
- Reviews completed surveys
- Recommends enforcement actions
- Receives, reviews and investigates complaints against nursing facilities and ICFs/MR
- Conducts state regulations surveys
- Processes facility licensure, owner/name changes, and number of certified beds
- Develops/coordinates staff training

Special Programs

- Processes renewal applications for LTC administrators
- Administers state and national exams for LTC administrators
- Reviews submitted agendas for determining allowable credits for continuing education hours for LTC administrators
- Initiates state and federal criminal record checks for potential LTC employees
- Processes license renewals, approves and monitors training sites and programs, and maintains a registry on all CNAs within the state

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ARKANSAS DIVISION OF MEDICAL SERVICES  
LONG TERM CARE SECTION  
MEDICAID PROGRAM

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Abuse/Neglect

- Reviews all complaints/allegations of suspected abuse and neglect of LTC residents
- Represents the section in all appeals when findings of abuse/neglect are made
- Schedules witnesses for appeal hearings

State Regulated Facilities and Eligibility Determination

- Conducts annual surveys of residential care, assisted living, adult day care and adult day health care facilities, and post-acute head injury facilities
- Processes licensing of the above state regulated facilities
- Establishes the medical necessity for admission and continued stay and the level of care needed by those individuals eligible for medical assistance under Title XIX of the Social Security Act for Medicaid reimbursement
- Prevents unnecessary and inappropriate utilization of care and services available to Medicaid recipients in nursing homes
- Reviews the medical needs of persons applying for Medicaid services under specific Medicaid waiver programs
- Oversees the Nursing Facility preadmission screening and annual resident review (PASRR) for mentally retarded and mentally ill nursing facility applicants and residents

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